



**North Carolina Department of Health and Human Services
Division of Aging and Adult Services**

2101 Mail Service Center • Raleigh, North Carolina 27699-2101
Tel 919 733-3818 • Fax No. 919 715-0023

Michael F. Easley, Governor
Dempsey Benton, Secretary

Dennis W. Streets, Director
919-733-3983

September 21, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

**ATTENTION: SPECIAL ASSISTANCE SUPERVISORS
SPECIAL ASSISTANCE CASEWORKERS**

SUBJECT: REGISTRATION FOR SPECIAL ASSISTANCE TRAINING EVENTS

The NC Division of Aging and Adult Services will offer eight regional training events for Special Assistance Adult Care Home during Fiscal Year 2007-2008. Three regional trainings are scheduled during the 2007 calendar year. Training in the remaining five regions will be scheduled in the first half of 2008.

The one-day workshop is designed specifically for SA/Adult Care Home caseworkers, and SA supervisors. There will be two major areas of training: 1) SA/Adult Care Home eligibility and 2) SA/Adult Care Home Monitoring findings of error-prone areas. The focus will be on how to avoid these errors in the future.

The workshops for this calendar year are scheduled at the locations indicated below. A separate letter will be sent out announcing the early 2008 training dates for the other regions.

Lenoir County Cooperative Extension Auditorium 1791 Hwy 11 55 Kinston, NC 28504	Friday October 19, 2007
Jackson County DSS 15 Griffith Street Sylva, NC 28779	Thursday October 25, 2007
Lee County DSS 530 Carthage St. Sanford NC 27330	Tuesday December 4, 2007

Brenda Porter, SA Program Coordinator in the Central Office, and the Adult Programs Representatives will conduct the training.

It is very important for all SA eligibility staff to participate in this training. Counties may register up to four (4) staff members (space permitting) for the most convenient location. Each training site has capacity limits. The workshops will begin with registration at 8:30 a.m. and end by 4:30 p.m. Duplicate the attached registration form, as necessary, to allow each registrant to complete a form.

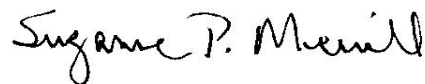
There is no registration fee; however, **pre-registration is required.** To ensure space availability at your chosen site, **please register at least 2 weeks prior to the date of your selected training event.** A completed registration form may be **mailed or faxed** to Monica Nealous at NC Division of Aging and Adult Services, Adult Services Section, 2101 MSC, Raleigh, North Carolina, 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswlearn.org>

Should it be necessary to cancel or postpone any of these events due to inclement weather counties will be notified in advance.

Registrants should receive a confirmation letter within five business days of submitting the registration form, directions to the training site, and a site telephone contact number. Refreshments will not be provided; however, participants are welcome to bring their own snacks and beverages to the training event.

If you need additional information about the SA/Adult Care Home training or your registration, you may contact Monica Nealous at (919) 733-3818 ext.247, or your Adult Programs Representative.

Sincerely,

A handwritten signature in black ink that reads "Suzanne P. Merrill". The signature is written in a cursive, flowing style.

Suzanne P. Merrill, Chief
Adult Services Section

SPM:bp

AFS-16-2007

Attachment

Have you attended the prerequisites for this training event?
(For prerequisite information please refer to the training description)

☐ Yes ☐ No
☐ Not Applicable for this Training

First Name: _____ MI: _____ Last Name: _____

If you have ever registered for a training under a different name, what is that name? _____

"Goes By" Name: _____

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):

☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):
() _____

Work Phone & Extension (please include area code):
() _____

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _____ Fax #: () _____

Agency Name: _____

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): _____

City: _____ State: _____ Zip Code: _____

State Courier #: _____ County: _____

Supervisor's Full Name: _____ Supervisor's Phone (please include area code): () _____

Employment Type:

- ☐ Not applicable
☐ County DSS - Permanent
☐ County DSS - Temporary
☐ County Non-DSS
☐ Federal Agencies
☐ State Agency/Public University
☐ Private University/College
☐ Private Agency/Business

Work Type:

- ☐ Direct Client Service
☐ Line Supervisor
☐ Trainer/Staff Development
☐ Program Manager
☐ Program/Admin. Support
☐ Director
☐ Other
☐ Not Applicable

Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box
(Check all that apply)

- ☐ Adult Care Home CMS
☐ Adult Day Care
☐ Adult Home Specialist
☐ Adult Protective Services
☐ Adult Services Intake
☐ At-Risk Case Management
☐ Attorney
☐ Guardianship
☐ In-Home Aide Services
☐ Special Assistance
☐ Trainer
☐ Other

Other Roles:

Complete this box if you are
NOT a county DSS worker

- ☐ Aging Services
☐ Attorney/Judicial
☐ Developmental Disabilities
☐ Health/Medical
☐ Law Enforcement
☐ Long Term Care
☐ Mental Health
☐ Student/Student Intern
☐ Substance Abuse
☐ Vocational Rehabilitation
☐ Other

Highest Degree

- ☐ HS ☐ Masters
☐ Associate ☐ Doctorate
☐ Bachelor

Highest Social Work Degree

- ☐ BSW/BSSW
☐ MSW/MSSW
☐ PhD/DSW

Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: _____

Date(s) of Training Event: _____

Location of Training Event: _____

If you are replacing a registered co-worker, what is his/her name: _____

If you are making up a missed training day, which day are you making up? _____